

Indiana Registered Nurse Survey, 2001

Appendix A

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8350323600

1. CURRENT WORK STATUS IN NURSING (including patient care, teaching, administration and research) **MARK ONLY ONE.**

- ☐ Actively working in a paid position in nursing
☐ Actively working in a paid position in health care but not in nursing
☐ Actively working, but not in nursing or in health care
☐ Working in nursing but ONLY as a volunteer
☐ Unemployed and seeking work as a nurse
☐ Temporarily inactive as a nurse
☐ Retired from nursing or permanently inactive as a nurse

IF YOU ARE ACTIVELY WORKING IN A PAID POSITION IN NURSING, PLEASE CONTINUE. IF NOT, PLEASE GO TO #7.

2. PRINCIPAL NURSING POSITION. Which term best describes the nursing position in which you work the most hours? **MARK ONLY ONE.**

- | | |
|---|--|
| <input type="radio"/> Staff/General nurse | <input type="radio"/> Longterm care nurse (ICF-SNF) |
| <input type="radio"/> Charge nurse/team leader | <input type="radio"/> Home care nurse |
| <input type="radio"/> Head nurse or assistant | <input type="radio"/> Hospice nurse |
| <input type="radio"/> Office nurse | <input type="radio"/> Case manager/care coordinator |
| <input type="radio"/> Nurse clinician | <input type="radio"/> Administrator/manager |
| <input type="radio"/> Clinical nurse specialist | <input type="radio"/> Qual. assurance/util. review nurse |
| <input type="radio"/> Certified nurse anesthetist | <input type="radio"/> Nursing consultant |
| <input type="radio"/> Nurse practitioner | <input type="radio"/> Faculty in a nursing program |
| <input type="radio"/> Certified nurse midwife | <input type="radio"/> Continuing ed./staff devel. |
| <input type="radio"/> School nurse | <input type="radio"/> Other |

3. PRINCIPAL POSITION SETTING. Which setting best describes where you work at the position you selected in Question 2? **MARK ONLY ONE.**

- | | |
|---|--|
| <input type="radio"/> Hospital (in- & out-patient) | <input type="radio"/> Mental health/addictions facil./unit |
| <input type="radio"/> Hospital (in-patient) | <input type="radio"/> Community/pub. health clinic |
| <input type="radio"/> Hospital (out-patient) | <input type="radio"/> Longterm care facility/unit |
| <input type="radio"/> Hospital E.R./E.D. | <input type="radio"/> Home care/hospice |
| <input type="radio"/> Urgent care center/clinic | <input type="radio"/> Nursing education |
| <input type="radio"/> Ambulatory care setting (surg./other) | <input type="radio"/> School/college setting |
| <input type="radio"/> Physician/dentist private office | <input type="radio"/> Other |
| <input type="radio"/> Primary care center/clinic | |

4. HIGHEST DEGREE IN NURSING. MARK ONLY ONE.

- ☐ Diploma ☐ Assoc. ☐ Bachelor's ☐ Master's ☐ Doctorate

5. IF YOU ARE FACULTY IN A NURSING PROGRAM, WHICH LEVEL STUDENTS DO YOU TEACH? MARK ALL THAT APPLY.

- ☐ Diploma ☐ Assoc. ☐ Bachelor's ☐ Master's ☐ Doctorate
☐ LPN

6. AVERAGE WEEKLY HOURS IN NURSING AND PRINCIPAL LOCATION. In the first set of boxes, please print the average number of hours per week you spend in all activities in nursing, and darken the appropriate ovals. In the second set of boxes, please print the 5-digit zip code for the location of the position you selected in Question 2 and darken the appropriate ovals.

AVG. HRS/WK	<input type="text"/>	<input type="text"/>	ZIP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	<input type="radio"/>	<input type="radio"/>	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. SEX ☐ Female ☐ Male

8. RACE Mark the one that best describes your race.

- ☐ White ☐ Am. Ind./Nat. Alask.
☐ Black/Af. Am. ☐ Multi-racial
☐ Asian/Pac. Isl. ☐ Other

9. HISPANIC ORIGIN?

- ☐ Yes ☐ No